FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10			
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR		
(TYP	E OR PRINT)	RAINE T	R. AT	380 TT	9	7-22-86	2:47 AM		
3/SE	Х	4 RACE	S. DATE (		6 AGE (IN YEARS LAST BIT				
1	emale	White	MONT	13 05	81	YRS MONTHS DAT	YS HOURS MIN.		
Za B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH			
	COUNTRY)	USA	MARRIE	D NEVER MARRIED					
10 0	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	WIDOWI		Dorche		MD.		
10.0	Cambridge		GIVE STREET ADDRESS	SE N.H.	(TYPE OF WORK FOR MOST O		d Pros.		
	AL RESIDENCE (IF NURSING HOME		ENCE BEFORE ADMISSION)			/	2		
	Maryrand	rchester Hi	rlock	13d INSIDE CITY LIMITS?		Box 69B	1643		
14. F	ATHER'S NAME	MIDDLE	4AST	15. MOTHER'S MAIDEN NAM	WE		LAST		
	Joseph	Rob	bins	Läura		Вос	oze		
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	CIAL SECURITY NO	17 INFORMANT	ADDR				
	YES NO OR UNKNOWN) (IF YES.	GIVE WAN ON DATES!		Mrs. Betty	y Hastings	s same as	s 13		
	18 CAUSE OF DEATH (Enter	naly one couse per line for t	a) (b) and (c)			APPR	OXIMATE INTERVAL EN ONSET AND DEATH		
	PART I. DEATH WAS CAU	ISED BY.	ensus			9	1 Idans		
	IMMED				^	1 /	111		
	Conditions, if any, which	DUE TO, OR ASA C	VA 20	Cvanintemi	Lov recei	from 91	19/81		
	gave rise to immediate	(6)		of anivoling	1	/	400		
	underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF of glightastonia								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIVEN IN PART	110		
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FO	P WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINI	DINGSTISED		
문	THE OTHER DESIGNATION OF THE OTHER DESIGNATION	The Continuon of	WINCH OF EXPINE	THE TEN OWNED		IN CERTIFYING CAUS	ES OF DEATH?		
E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal. HOW INTHEN OCCUPA	YES NO	YES 🗌	NO [		
	OR CONTRIBUTING CAUSE OF	- 110110 111 110	NTH DAY YEAR	21c HOW INJURY OCCURE	KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2	21		
S	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19						
MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJUR		211 LOCATION	CITY OR TO	own county	STATE		
2	AT WORK NOT WHILE	THE STATE OF THE S	ar, Orrace radio, ere y			1			
	22a. I certify that (I) This ha	spital attended the deceas	ed from9/	9 19 86	, to 91	22 19 86	2. that it we Dast		
	sow the deceased alive	on 9/2Z not I view the body ofter dec	19 86,01	nd that in (my (our) opinion o	death occurred on the d	ate and hour and from t	he couses stated		
	22b. SIGNATURE	not view the body offer dec		DEGREE		22r DA	TE SIGNED .		
	Marulla	all Mas	n W	ATTENDING A	MEDICAL STA	FF C	172/86		
	22d PHYSICIAN O NAME (IVPE OR PRINT)								
	MADVA	111 / 1/	MADE 11	A Hour	RUDILC	TAND	ixce 11		
	MARIFIN	N 5. 140	1016 2 19	P 107	OKKIU DI	LAMDE	11/20/11		
23a	Burial, Cremation, REMOV	23b. DATE 9-24-86		EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE		
	Durrar	3-24-00	Dorche	ester cemete	eqy, cambr	idge, Dorch	n. Md.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Curran Funeral Home

24 FUNERAL DIRECTOR

Cambridge, Md.

308 High St 250, DATE SED BY REGISTRAR 256, REGISTRAR'S SIGNATURE

00-19985	1.	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 6	2 5	4 4 /
	1. DE	CEASED NAME OR PRINT)	FIRST	MIDDLE		LAST	2R DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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4 mi	3. SE	X		4 RACE	S. DATE MON	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST RIRT	MONTHS DA	
Page rect rect once		FEMALE		CAU.	Ma	15, 1943	43	YRS.	
destin. I	C	RTHPLACE ISTATE OR FO		U.S.A.	MARRI WIDOW	ED NEVER MARRIED	DORCHE	R COUNTY OF DEATH	MD.
by the forest per part of the forest per part		ITY OR TOWN OF DEA MBRIDGE	тн	11. NAME OF HOSPITAL, P (# NOT IN SUCH FACILITY, GIV 722 Hughle	E STREET ADDRESS)	or other institution (home)	12st USUAL OCCUPATE (TYPE OF WORK FOR MOST O WORKEY	F WORKING LIFE INDUSTR	oof BUSINESS OR OOD proce
AND 217	13n S	ARYLAND	13P COAL			134 INSIDE CITY LIMITS? YES X NO	-	hlett St.	, 21613
MARYLAND Thin 2 The thin 2	14. FA	GEORGE		MODIE	WYER	15 MOTHER'S MAIDEN NA PEARL	WIDDLE	W	HITE
BALTIMORE, ficate Deficient of secient of secient of secient of secient of secient of secient the me		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		WAR OR DATES)	-36-703	17 INFORMANT (SIS	· ·		2.518
DS, 201 W. PRESTON ST., requires that the death cer in signed by the attending phan please remove carbon p to burial, cremation, or ren by injury, or other traumatin	NO	Conditions, if ony, gove rise to imm couse (a), stotin underlying couse	which nediate g the last	DUE TO, OR AS A CON    b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF	I NOT RELATED TO THE TERM	V	DITION GIVEN IN PART	2 months.
AL RECORDS.  V: The law retree has been st permit. Then plane prior to a 3 shows any it.	CERTIFICATION	196 DATE OF OPERAT	ION	196 CONDITION FOR	WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FIN IN CERTIFYING CAUS	
N OF VITA	MEDICAL CERT	21R ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF CONTRIBUTI	AUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR			
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LCH ATTEN e hospital or a Dept. of Head Ched for use a Dept. of Head		saw the decease	d olive on	tol) oftended the deceosed	/ /	nd that in (my lour) opinion DEGREE ATTENDING		771: DA	-, tha (we) last the couses stated
TO HOSPITAL retained by the TO FUNERAL should be detach with the State DIMPORTANT:		774 PHYSICIAN'S NA	HU.	BERT L.	FORY	171. ADDRESS	BYRN	ST ST	73/8/
	23a. E	SURIAL, CREMATION, SPECIFY  C'EMA		- 1 1		sbury Crematory	23d LOCATION CHYOR TOWN	sbury, Wic	omi co Md
BP	74 F	JNERAL DIRECTOR	CTOIL	3/23/00	Dall	In our		Th. REGISTRAR'S SIGN	
DHMH-16 25M (VRA 15, 4) 1/79		NAME I	Curr	an Funeral	Home, 3	8 High OC	06 900	IN REGISTRAR S SIGN	

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(VRA 15, 4)

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F-7-	oge 3 death	TYPE	ORPRINT) MINNI	0 (.	BURTON	9	1884 12:50 PM
	poge pr deo	3 SE		4. RACE	S. DATE OF BIRTH 191:	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	1 35 5		awbridge,Md.	U.S.A.	WIDOWED DIVORCED 5		
	12	10. 6	IT OR TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE S	PRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	
201	1 4 4		mbridge	Dorchester	General Hosp.	Seamstress	Clothing
MARYLAND 21201	1 3 4	USU.	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR		13. STREET ADDRESS	21/15
ON.		Ma	ryland Doro	hester Camb		211 Virginia	Ave. 16/5
WL.	1 10/01/	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
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	5 7 8 7 8 7 8 7 8 7 8 8 8 8 8 8 8 8 8 8	Iáa V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
BALTIMORE	Poges 1	(	res, no or unknown) (IF YES, GI	VE WAR OR DATES) 214-	07-8463 Mr. Wylie	Burton, 116 S	Sandy Hill Rd.
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7	the second secon		diderlying coose lost.	( (c)			
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DIVISION OF VITAL RECORDS	Permit be	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	_ IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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Z	X & S S S S S S S S S S S S S S S S S S	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 211, LOCATION		
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	ON TO THE PERSON OF THE PERSON		220 I certify that (1) (this hasp			to 9/8	
	1 to 12		oboye, (1) (see did) did no	ryiew the body offer death.		on death accurred on the date and h	hour and from the couses stated
	1 日本日本日		226. SIGNATURE	MILL	DEGREE		TIL DATE SIGNED
	The Charles		HILLER SHIELD	Mutul o	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/16/86
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	O HOS		(				
	01 5413	730 F	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF CEMETERY OR CREMATOR	y 123d LOCATION	
	DD		SPECHY)			CITY OR TOWN	COUNTY STATE
	BP		Burial UNERAL DIRECTOR	9-21-86	Dorchester Cem.	ATE REC'D. BY REGISTRAR 25b. REG	Oorchester, Md.
DH	IMH - 16 50M 4/82		NAME	ADDR	ESS THE GITTE		
	(VRA 15, 4)		CURRAN Funer	ral Home	Cambridge, Md.	SEP 22 1986	and many of say

Female    Female	2_	1	500			STATE OF MARY		8 6	2	5 4	5 U
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THE PART OF THE STANDE IN THE	13	13a	AL RESIDENCE (IF NURSING HOSTATE	AE OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	CITY LIMITS?	13e STREET ADDRESS /		216	32
The Date of Operation of Conditions, if only, which operation was preferred to the terminal disease or condition given in Part 100 and the property of the pro	npletely and 2 sh	75	ATHER'S NAME FIRST		THE PERSON NAMED IN	15 MOTHE	FIRST	E MIDDL€		IAST	
Record   Part   Death   Deat	ecute coll	7 16a \	WAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECU	IRITY NO. 17 INFORM		ADDRE	SS	21632	
BRATE   DEATH   Enter only one couse per line for io), (b), and (c)	Pogn e ex	1		S, GIVE WAR OR DATES)	212-16-7	7442   Mild	red T. J.	ones. Box 1	64. Fe		ourg. 1
DUE TO, OR AS A CONSEQUENCE OF    DO   DO   DO   DO   DO   DO   DO   D	physicial physic		PART I. DEATH WAS CA	USED BY:	er line for (a), (b), an	dice	)			APPROXIMA BETWEEN ON!	SET AND DEATH
NO LATER OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 286. AUTOPSY? 286. IF YES, WERE FINDINGS USED INCRITIFYING CAUSES OF DEATH? YES NO WAS DEADLY OF THE WAS UNDERLYING OR CONTRIBUTION OR	s that the died by the of please remarrial, cremating		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, (			ED TO THE TERM	NA PIECE ASE OR COMIS	NEW CANE	ALIDI DAGIT 1	
DOCONTRIBUTING CAUSE OF DEATH   DOT A.M. MONTH DAT TEAR      CONTRIBUTING CAUSE OF DEATH   DOT A.M. MONTH DAT TEAR		Z	PART 2 OTHER SIGNIFICA	NI CONDITIONS C	ONTRIBUTING TO L	DEATH BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE OR CONL	DILION GIVE	NINPAKI IIO	
DOCONTRIBUTING CAUSE OF DEATH   DOT A.M. MONTH DAT TEAR      CONTRIBUTING CAUSE OF DEATH   DOT A.M. MONTH DAT TEAR	has been permit. I see prior	HFICATI	190. DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATION WAS PERF	FORMED		IN CERTIFY	ING CAUSES OF	F DE ATH?
WHILE NOT WHILE ALL WORK IT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE  WHILE ALL WORK  WHILE ALL WORK  NOT WHILE ALL WORK  ALL WORK  NOT WHILE ALL WORK  ALL WORK  NOT WHILE ALL WORK  NOT W	Z Z O O T M		OR CONTRIBUTING CAUSE C	F DEATH HOUR	A.M. MONTH DA	AY YEAR	INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)	
220. I certify that (I) (this hospital) attended the deceased from 19 10 to 10	He the b	MEDIC	21d. INJURY OCCURRED	21e. PLACE	E OF INJURY	211 LOCA	TION	CITY OR TOV	VN	COUNTY	STATE
DEGREE  778. SIGN THE DIRECTOR	FND of or use of the or use of				1/22	96, and that in (m	. 19	eoth occurred on the do			
BP	t OR the horter tache e Dep			Data		wo.	PHYSICIAN	MEDICAL STAF	F IAN 🗌	8/24	GNED
BP	O HOSPIT		22d PHYSICIAN'S NAME (	YLIFA	Ē			RN ST.	CAN	mgp, W	65 0
24 FUNERAL DIRECTOR 250 DATE REC'D BY DECISIDADES SIGNATURE		230	(SPECIFY)				ket Cem.	E. New Ma			
DHMH - 16 50M 4/B3  (VRA 15, 4)  Transtom—Hawkins Funeral Home 216 N. Main St.  AUG 29 1980  AUG 29 1980  AUG 29 1980	DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR		ADDRESS T	rederalsbur	250 DATE	REC'D BY REGISTRAR	256 EGISTR	PAR'S SIGNATUR	Indace

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noy be page 3	TIVPE	KiChArc		. Di	er by	/	AST	di Ya	20. DATE OF DEATH	8-3	4-86	8 Am M
ge 4 m ector, p	3. SE:	MAKE		I. RACE		S. DATE C	- /4 -	10	76	YRS.	MONTHS DAYS	HOURS MIN.
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on softer d	10.5	Ambrid	9E			ESTREET ADDRESS	ENER A	1 Lbgp	126 USUAL OCCUPAT	OF WORKING LIF		MER
IAND 212	13a. S		136. COUNT		13c. CITY OF		13d. INSIDE CIT	Y LIMITS?	SIREET ADDRESS	lorns	Pt. R	6863
	1	THER'S NAME Richard	T	NIDDLE	Deri	sı O <b>Y</b>	15 MOTHER'S		WIDDLE		Mar	el
ote be executed with	(	VAS DECEASED EVER I		MED FORCES? WAR OR DATES)		1 SECURITY NO. 36-0080	Mrs.	Derby	Rt. ]		331 2	1613
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AL OR ATTENDING The hospital or of AL DIRECTOR After Alter Disputation of the office o		22a.1 certify the (1) sow the decess obove (1) (we) (1)	his hospite			19 <u>86</u> , o	DEGREE	TENDING	medical STA	AFF.	22c. DATE	
TO HOSPIT returned by TO FUNER should be continued by which the St	73a. i	URIAL, CREMATION, F	F. MS	LE CARTE			22e ADDRESS	CAMB	AURORA S BRIDGE, M	1 D. 2	.1613	
BP		Bürial	LINOTAL	8/26	/86	23r NAME OF C	Harke		E NET		ket Do	
DHMH - 16 50M 4/B2 (VRA 15, 4)	74. F	THOMAS F	UNER	AL HOI	ME CA	MBRIDGE	, MD.	SEPO.	REC'D. BY REGISTRAL		RAR'S SIGNAT	

6	FOR	UED	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	CIENTE 0 2 5 9 5 2
0-18925	- STATE REGISTRAR	OLI .	CERTIFICATE OF DEATH	
0 10323	I. DECEASED NAME FIRS	T MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25 HOURAM
be 3 eoth	(TYPE OR PRINT) Will:	iam Francis	Donnelly	September 11.1986 1:00Am
moy be poge	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HKS
ge 4 r	Male	White	April 26,1908	78 YRS. DATS ROUKS MIN.
of 72 hou	To BIRTHPLACE (STATE OR FOREIGN SCOtland	76 CITIZEN OF WHAT COUN	MARRIED THE NEVER MARRIED	Dorchester Co.
ofter der	Woolford	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE!  DeeBPOir	WIDOWED DIVORCED DIVORCED DISTRIBUTION STREET ADDRESS)  THE ROAD	126 USUAL OCCUPATION (179E or WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired
oc file	USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	
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Comp	I WALLIAM  I MAS DECEASED EVER IN U.		nelly Marga	ADDRESS
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e de ott	Conditions, if any, white gove rise to immedia	te.		nemia.
W. I was the by the same of the content of the cont	couse (0), stating the underlying cause lo		EQUENCE OF MARIANA	VPC11
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The low requires the otherading physician.  Ifter this certificate has been signed be as the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orded or frem 18 shows any injury, or a correct or the mean 18 shows any injury, or a contract of the contr		ANT CONDITIONS CONTRIBUTING		MINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) VIRGINIA 4. RACE 3 SEX 6 AGE | IN YEARS LAST BIRTHDAY) YEAR Caucasian (0 70. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRA MARRIED NEVER MARRIED Horches tol WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET AD Reg. Nurse ambridge Erclester USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NOXX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jamie P. Mills Cora 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-07-7892 David F. Edwards No Item # 13 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic Congestive cardiomyopathy IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSYT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED THE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC ) WHILE NOT WHILE 77s I certify fhat (1) this baspital) attended thepdeceased from opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME LIXPE OF PRINTS 22e ADDRESS MPORT 0 1000 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATOR 236 DATE burial ITY OR TOWN 10/1/86 BP Maryland Veterans Beulah

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

CAMBRIDGE MD. FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR I TYPE OR PRINTS DXX RITA PATRICIA GARVEY 20 1986 10:05PM I SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH MONTHS DAYS FEMALE WHITE MARCH 13,1919 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED UCOUSTRY) A. U.S.A. WIDOWED DIVORCED T DORCHESTER O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CAMBRIDGE 8 Oaklev Street Claims Examiner U.S. Govt. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 2800 Woodley Road Columbia Washington District YES 😾 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE JOHN McDONNELL AMBROSE GARVEY HELEN ELIZABETH WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2716 Millvale (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 199-09-9151 Anne T. Fadden, N. Forstville, Md. NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY Respiratory Arrest IMMEDIATE CAUSE (a)\_ DUE TO OR AS A CONSEQUENCE OF Metastatic Carcinoma of Colon Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Obstructive Uropathy, Uremia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 3 - 78Carcinoma of Colon IN CERTIFYING CAUSES OF DEATH? NOKK YES [ NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased live an obove (1) we) and all did not) view the body after death ... and that in fmy) our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
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TOUR BOOM OF CONTRETIONS CONTR	as 13E
18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR    FEITHER NOTE Y MEDICAL EXAMINER)   P.M.   19    21d. INJURY OCCURRED   121 LOCATION   114 HOME STREET, FACTORY, OFFICE, FARM ETC.)   STREET   CITY OR TOWN   CO.	
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ATTENDING MEDICAL STAFF	8/29/86
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230. BURIAL, CRÉMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230 LOCATION	
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74 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S B. REGISTRAR'S	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 70 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) -verett 86 00:2 IF UNDER 1 YEAR 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White MONTH HOUR5 1934 Dec BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Dorchester Co. Dorchester WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Cambridge Dor. General Hospital Construction Worker DUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Dorcheste Cambridge Rt 2 Box 362-A FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Joseph Wilhelmina Franklin Hughes Corbman 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-32-0842 Daisy C. Hughes Item # 18 CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION morbid 1%. CONDITION FOR WHIRN OPERATION WAS PERFORMED 70s AUTOPSY M. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES ! 0 ACCIDENT WAS OFFERIVING. 21h TIME OF INJURY TIC HOW INVURY CURRED (ENITE NATURE OF POURT IN ITEM IS PART I DRESET 2) 00 HOUR A.M. MONTH YEAR MEDICAL JIe. PLACE OF CITY ON YOUR SCANE EAT HOME, STREET, E 22s I certify that (It (this hospital) attended the and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 225 SEGNATES DEGREE E SIGNE MEDICAL ATTENDING 1 STAFF FUNERAL L PHYSICIAN DIRECTOR PHYSICIAN 77e. ADDRESS IMPORT, 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8/27/86 Cambridge Dor Md. Dor. Memorial Park 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Thomas Funeral Home Cambridge Md (VRA 15, 4)

00218548		FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	2 5 4	5 8
by be oge 3 deoth		CEASED NAME ORPRINT)	η Ear	1	Hurl	ey	20 DATE OF DEATH	PONTH DAY	YEAR 26 HOUR GOSPA
ge 4 mo ector. pc irs ofter c	3 SE	Male	4 RACE	White	5 DATE C		6 AGE IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS HOURS MIN
heath Po	C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	S S	0	X NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY OF DE	
on softer deby the full formal of the full formal of the full of t	10 C	Cambridge	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retire	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
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Tr., BAI		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY TE CAUSE (0)	line for (a), (b), and	die leche	id dissor	alional He	'art	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE O O	25961
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1/11/20	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
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1 1707/		FIRST	MIDDLE	FIRST	MIDDLE	LAST
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IMORE e exec n ond Poges			IVE WAR OR DATES)		ADDRESS	
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PRESTON he death c emove cordin motion, or r troumotic		Conditions, if any, which	(b)			
the of the cemoral endings.		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF		
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× - 000 ×	IFI				YES NOD	N CERTIFYING CAUSES OF DEATH?
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the species		22b. SIGNATURE	700	DEGREE	HEDICAL STAFF	224. DATE SIGNED
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ot w. PRESTON ST., BALT  that the death certificate be by the attending physicial lease remove carbonappers to), cremation, ar removal.  or other troumatic event, the		18 CAUSE OF DEATH PART I. DEATH WA L. Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which	DUE TO, O	R AS A CONSEQUE	ENCE OF	clerific a	listor Listor	(0)	dena MD	XIMATE INTERVAL YONSET AND DEATH
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Spirtol CTOR: I for us of Hee		220 I certify that (I) (1 saw the deceased above, (I) (we) (die				- 12	d that in (my) our lopinia	n death occurred	d on the date on		, that (I) (we) last causes stated
AL D deroc one Done Durit If If		226. SIGNATURE	k	ant	50	Va	UNDER HYSICIAN	MEDICAL DIRECTOR	STAFF  PHYSICIAN	22c. DAT	8/86
TO HOSPITAL reformed by #1 TO FUNERAL should be der with the Store limportant.		22d PHYSICIAN'S NAM	nat	4. D	Derval	dt	22e ADDRESS				
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 1	THOMAS FU	NERA	L HOM	e cambi	RIDGE		PIAIS JU	GISTRAR 756. RE	EGISTRAR'S SIGNA	TURE

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Brown February Come Company of the SEP 0 938 Charles Baroni

(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE CHIPBIATS MYERS OMIE 86 27 1:00 PM 1 RACE & AGE (IN YEARS LAST BIRTHDAY) 1.5EX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ESTATE OF YORKSHIP BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEWER MARRIED Maryland USA WIDOWEDED DIVORCED [ CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cambridge House Nursing Home Store owner & Operator 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland NO XX Kent Chestertown RFD Morgnec FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE William Rodney Emma Walbert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21667 LIE YES GIVE WAR OR DATEST 217 36 2261 Still Pond, Md. Hazel Lusby P.O. Box APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), Ib), and (c) 5 mus IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF DISEASE APOTIO ARTERY Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF CLEDOSIS underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OCINJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 220 | certify that (1) (this hospital) attended the deceased fram. 19.86 sow the deceased alive on 4-27
abave (Julius (did) (did not) view the body after death. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MOSKEWICZ 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 9/30/86 Chester Cemetery

FOR

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

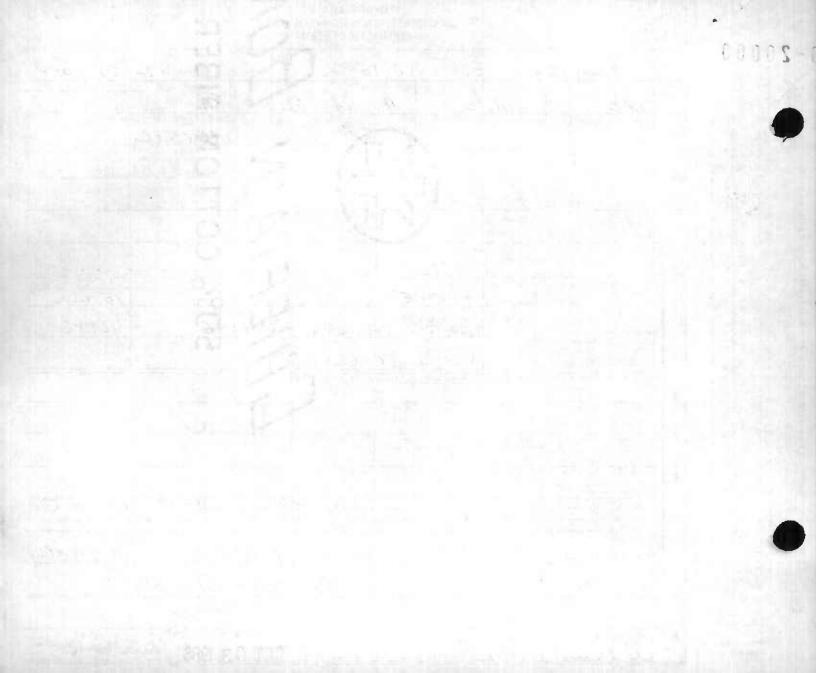
4 FUNERAL DIRECTOR Chestertown, Md.

J. Willis Wells

Chestertown, Md.OUNTY

STATE

25g DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE



		1.	FOR			DEPAR		HEALTH		ND ENTAL HY	GIENE	ò	2	5	1 5	1	
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	D. T. V. S. S. V.	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDEN	NAME	MIDDLE			LAST		
	A SA	4	John		1110000	Wo	ongus		Eli	zabeth	h			Ca	amper	3	
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	MAIN BE ECT TH T		deoth result	red from: Note	orol coures	. Acciden	t L, s	vicide			Undetermin	ed monner	∐.				
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BATTMORE, MARYLAND, 213,	1/	EXAMINER'S (TYPE OR PRI	NAME Pete	r W. Ri	eckert,	, M. D.		ADDRESS_	East N			Md.	21631			
-	DA A D F A	23a. E	SPECIFY)	TION, REMOVAL		0 .	NAME OF C				23d LOCATI	ION		COUNTY		TATE	
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4 mo	3. SE	Control of the second second	4 RACE	5. DATE (	YAO H	YEAR	6. AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS	
oge oge		male	white	Oct	. 19	1910	75	YRS.		S. A. L.	
leath. P	C	RTHPLACE ISTATE OR FOREIGN D. C.	76 CITIZEN OF WHAT COUN	MARRIE	MARRIED NEVER MARRIED UNIDOWED DIVORCED		BALTIMORE CITY OR COUNTY OF DEATH  Dorchester  MD				
offer of with ed with	10.C	TY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI Dorchester Ger		DORESS)		12a. USUAL OCCUPA (TYPE OF WORK FOR MOS instruc	T OF WORKING LIFE)	INDUSTRY	o schoo	
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ALTIMORE, the be extended sicon and respects. Page 15 of the medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)  YES  18 CAUSE OF DEATH Enter on PARTI. DEATH WAS CAUSE	war or dates) 577-	SECURITY NO. 03-618	Hele			tem #1		MATE INTERVAL ONSET AND DEATH	
uires that the death cert signed by the attending ren please remove corban burial, cremation, ar rei ury, or other traumatic e	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF	NOT RELATED		INAL DISEASE OR CO	DINDITION GIVEN	IN PART 10	ا د	
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DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	UNERAL DIRECTOR THOMAS FUNER	AL HOME CA	SS MBRIDGI	E MD.	SEP 2	E REC'D. BY REGISTRA	AR 256. REGISTRA	AR'S SIGNAT	URE	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENB - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Hester Mariah ROBINSON IONA DEATH MATED TO 4. RACE & AGE (IN YEARS | IF UNDER 1 YR 3 SEX 5. DATE OF BIRTH 24 HOUR 1027 IF UNDER 24 HRS 2c. DATE T BIRTHDAY) PRONOUNCED 10/25/03 white femal e DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Dorchester WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION High St. FOR MOST OF WORKING LIFE)
teacher-special OR INDUSTRY Cambridge ed. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 118 High St. 13a. STATE 13b COUNTY 13c. CITY OR TOWN Md. Cambridge 21613 Dor. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Robinson James Otto Matilda Wingate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS NO 214-07-7209 Robin P. Willey Rockville Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) EARDIO VASCUL AR COLLAPS C TERMIN AL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which MYOCARDIAL INFARCTION 10 HRS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural couses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 9-6-86 SIGNATURE MEDICAL EXAMINER EXAMINERS NAME AMES MECARTER, MDI ADDRESS 400 AURORA ST. CAMBRIDGE 240 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE burial 9/9/86 Dorchester Mem.Pk. Cambridge Dor. Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH-17** THOMAS FUNERAL HOME" CAMBRIDGE MD. (VR A15 ME (5)) 15M 2/80



CERTIFICATE #86-25970



0-20397	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
1 m 4	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOURS
to pay	4. RACE S. DATE OF BIRTH  MONTH DAY YEAR  6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 7.1 HR!  MONTHS DAYS HOURS MIN
	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED
	MARYLAND AMERICA WIDOWED DIVORCED DORCHESTER COUNTY CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
	CAMBE DOE DORCHESTER GENERAL  SUAL RESIDENCE (IF NURSING PIQUE OF OTHER INSTITUTION ONE RESIDENCE BEFORE ADMISSION)  0. STATE  136 STREET ADDRESS / ZIP CODE  2/6/23
THE STATE OF THE S	TATHER'S NAME FIRST MIDDLE  (AST  (A
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S, 201 W. PRESTON ST.  Great by the untanding ph in please remore corbonic byrical, cremotion, or read- iny, or other trainmatic rest	PART I. DE ATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO. OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse [o], stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
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O HOSPITAL formed by 15 O FUNERAL intrine Stories APORTANTI	PHYSICIAN DIRECTOR PHYSICIAN DIR
BP	Burial Cremation Removal Oct. 4,1986 Federal Hill Cem Federalsburg, Caroline
DHMH - 16 60M 7/84 (VRA 15, 4)	Funeral Director  Federalsburg 18 DATE OF SUBSTRACT REDSTARS SIGNATURE NOT THE PROPERTY OF THE

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rol di 72 ho	Č	embridge, MD	U.S.A		MARRIE			DEATH			
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or us		220 I certify that (1) this is saw the deceased alivabove (1) we (did) (d 22b. SIGNA UHT			, ar	d that in my (our) opinio	n death accurred an the de	ate and haur and			
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IMH - 16 60M 1/75 (VR A 15 (4))		neral director amptom-Hawki:	ns. P.O.B	ADDRESS OX 43. F		21632 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	Pte.	

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00-19716	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH		25 NO.	973
moy be poge 3		CEASED NAME AFIRST ORPRINT)	FRANCES	Ϋ́	9DD	2c. DATE OF DEATH	9/26/	86 4- DN
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by the f		ty or town of death  Cambridge	11. NAME OF HOSPITAL, N (IENOT IN SUCH FACILITY, GN DOTCHES TO	er Gener	al Hosp.	(TYPE OF WORK FOR MOS'	OF WORKING LIFE! IN	NDUSTRY
AND 21:	13a S		INTY 13c. CITY O	R TOWN !	134 INSIDE CITY LIMITS?	205 Ch		Ave. 21613
marylined within		Purnell	MIDDLE TO C	id	Ovelia	WIDDLE		ritchett
be execution and control on and control on c	16a V	VAS DECEASED EVER IN U.S. A VES. NOOR UNKNOWN) (1F YES, G			17. INFORMANT Katherine			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 of the ordering physician and completely filled as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 should the and Mental Hygiene prior to burnal, cremation, or removal and Mental Hygiene prior to burnal, cremation, are removal as how, any injury, an other traumatic event, the medical exterior must have a strongly and a strongly injury, and other traumatic event, the medical exterior must have a strongly and a str	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONTRIBUTIONS	SEQUENCE OF	0			PART 1(o
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DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME HOMAS FUNERA		DRESS IBRIDGE		ATE REC'D. BY REGISTRA	200	S SIGNATURE

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00-17572	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE & S	25974
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oge 4 mo	3. SE	F	Black	5. DATE OF BIRTH MONTH DAY 12 24 00	6. AGE (IN YEARS LAST BIRT	MONTHS BATS HOURS MIN.
deoth. Po	H	RTHPLACE (STATE OR FOREIGN COUNTRY)  LTLOCK, MD	76 CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Dorchester	MD.
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AND 212	130.	N, J, V	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13t CITY OR TO	YES Y NO	745 M	ZIP CODE SAGGI
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A ST. PA		PART I. DEATH WAS CAUSE	nly one cause per line fam(a), (b), ED BY: TE CAUSE (a)	b ventilation	- Maras	APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH  UPOLOO
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N OF VIII	1 d	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART I OR PART ?)
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NA THE DIST		77% SIGNATURE	01010	DEGREE ATTENDING	MEDICAL STAF	
TO FUNE thould be with the		AnnR	wite	22e ADDRESS	peyload .	Les Corbudge
9998999		Burial  Burial	0 40 0/	ashington	Hurlock	Dorchester MD
OHWH 16 60M 7/84 (VRA 15, 4)	F	amptom-Hawkins	, P.O.Box 43	ederalsburg,MD SE	P 1 0 1986	56. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME Za. DATE KNOWN (TYPE OR PRINT) BOBB DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR PRONOUNCED 30 DEAD Za BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ DIVORCED KIND OF BUSINESS Student stude 13a. STATE ambridge 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME o be Sinnamon Margaret Vickers (YES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. 20 21613 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ASPHYVI ATZON ACCIDENTAL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF TNIETZPERSONAL PROBLEM PROBLEMS WITH SOXUAL IDENTH gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MALADJUSTMENT DISORDER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of DRUG ABUSE STUDIES 1985 FOR IDENTITY PROBLEM NEGATIOE FUNE 1985 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY - UND SCUMPED IN FLACE / CHOICE by MOTHER - 3 in ILA CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 08 HUGGETST. COMBRIDE HORUMOR 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry and in my apinion Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE / SPECIFY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. POCATION 9-15-86 Dorchester Cemetery Burial BP Cambridge, Dorchester, Md 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 308 High St. Cambridge, Md. **DHMH-17** SEP 1 9 1986 June Davidson Mindelle Curran Funeral Home (VR A15 ME (5)) 15M 2/80

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age 4 may	s after d	3 SEX	nale	4.1	RACE	au.	S DATE C			(IN YEARS LAST	BRTHDAY)	MONTHS DAY	
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YI Y	200	14 FATHER'S N	AME			2017		15. MOTHER'S MAIDEN N					
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MORE,	Pages 1 a	160 WAS DECE (YES, NO OR U	ASED EVER IN NKNOWN)	US. ARME FYES, GIVE WA WWII	AR OR DATES)	166 SOCIAL SECU 214-07		Mrs. Cec	ife ilia		Winds	or,sam	ne as 13e
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TO HOSPIT		Le	WIS NAME	121	Bu	rdet	te	22R ADDRESS 4	MIC	lge	M	1 2	1613
	BP	23a. BURIAL, CF (SPECIFY)	burial			13/86 Md	. Ve	EMETERY OR CREMATORY t's Cem., E	S. °				ter,Md.
	DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL D			san Fu St.	neral H Cambri	ome dge,l			BY REGISTR	AR 25b. REG	ISTRAR'S SIGN	ATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Wendell Wingate 29 11A. 8 , 86 DEATH MATED 3 SEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 24 HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED male cau. 11 22 1938 11A. 47 DEAD 76. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED KIEVER MARRIED FOREIGN COUNTRY) U.S.A. Dorchester DIVORCED SE SE AND 3 TO THE FURTHER POULD BE FILED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY

house 120 USUAL OCCUPATION (TYPE OF WORK Dorchester General Hosp. painter Cambridge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 1136 COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Dor. Cambridge 215 Franklin St. 21613 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Otis Wingate Inslev Myra 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES NO, OR UNKNOWN) 1956-59 220-34-7513 Myra Wingate 302 Crusader Rd. Cambridge Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Shock due to massive abdominal hemorrhage due to DUE TO, OR AS A CONSEQUENCE OF ruptured spleen Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREM 19n DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING car hit tree CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION PAGE 4 SHOULD BE FURNING TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F NOT WHILE STREET, FACTORY, FARM, ETC.) east of Trappe Talbot STATE Rt. 50 AT WORK Md. Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection | X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Dep. SIGNED 9-2-86 SIGNATURE MEDICAL EXAMINER Peter W. Rieckert, M. D. EXAMINER'S NAME Beach Haven, East New Market, Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY burial Ma Ma Dor. Cambridge 9/2/86 Cambridge Cemetery BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** THOMAS FUNERAL HOME CAMBRIDGE MD. (VR A15 ME (5) 15M 2/80